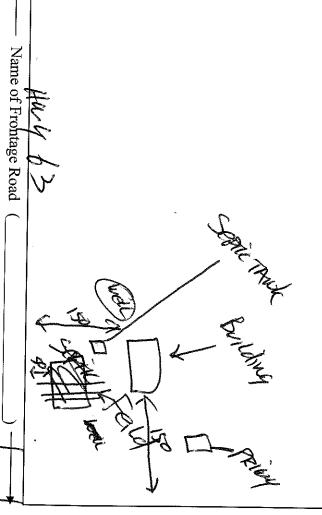
BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Disapproved Owner Given Initial Adverse Determination	PHAMBER'S Address: (Street, City State, Zip Code) W 55 # 60000 COCK AR WELLE ONLY VIII. COUNTY / DEPARTMENT USE ONLY	Plumber's / Owner's Name: (Print) Plumber's / Owner's Name: (Print) Plumber's / Owner's Signature: (No Stamps) Plumber's / Owner's Signature: (No Stamps) MP/ MP/ MP/ MP/ MP/ MP/ MP/ MP	VII. RESPONSIBILITY STATEMENT:	Tank Lift Pump Tank / Siphon Chamber	VI. TANK INFORMATION: Capacity In Gallons New Tanks	1. Gallons 2. Absorp. Area Per Day Required (Sq.Ft.)	Portable Privy (Temporary Use Ov. Approximation System information:		B) A Sanitary Permit was previously issued. <i>Previous Permit Number</i> : Date Issued	1. Reconnection	A) New Check only one box on line A	State Owned Public (Explain the use/purpose 1 or 2 Family Dwelling - No. of Bedrooms	II. TYPE OF BUILDING: (Check One)	Address of Property 20 120 Hwy 63 Property Owner's Mailing Address W 551 1 Over Lock de	L APPLICATION INFORMATION (Please Print All Information) Property Owner's Name
Sanitary Per 1 Sanitary Per 2 Sanitary Per 3 Sanitary Per 2 Sanitary Per 3 Sanita	AHEZESAH V	M Bolzywold	MENT:		s Total Existing Gallons Tanks	3: Absorp. Ft.) Area Proposed (Sq. Ft.)	Portable Privy (Temporary Use Only) ON SYSTEM INFORMATION:	☐ Vault Privy (A Sanitary Permit was previously issued.	2. Repair 3.	x on line A. olacement	f Bedrooms	ode Phone N	BRAND	ON COUNTER
	N-S	Plumber's / Owner's Signature:	se oncite coware cyctem		# of Manufacturer's Tanks Name	4. Loading Rate (Gals. / Day / Sq.Ft.)	Composting Toilets	(Vault size:gallons or	Previous Permit Number:	Revision **	Check box on line B, if applicable) County Private Interceptor	Parcel ID Tax Number(s): 04-02	Juniber Lot #	8 8	Soil Tag
Date Issued: □ 5-3 - ⊖	7-68-86	gnature: (No Stamps)	chown on the atta		Prefab. Site Concrete Constructed	5. Perc. Rate (Min. Inch)		orcubic yards)	er:Da	Transfer of Owner (L	applicable) erceptor	-2-	Block #:	Ting Dept.	2 5 2012
M. Futal	ness Pho	tps) MP/MPRSW No:	ched plans		steel glass	6. System Elev.(Feet)	erating Toilet)wner (List Previous		45-06-20-2-4	Subdivi CSM #:	45 N, R 6 Gov. Lot #:	yfie
5-29-12	e.	W No:			Plastic Exper. App.	Elev. (Feet)	FR0508588		filled out above	ist Previous Owner below)		o4-000-1000	Subdivision Name or CSM #:	E (or) W	0160

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Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

12 Show the approximate location and size of the building.

Show the location of the well, septic tank and drain field.

Show the location of any lake, river, stream or pond if applicable.

STEPS 1-7 COMPLETELY IS NECESSARY, FOLLOW DETAILED PLOT PLAN

IMPORTANT

4.

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S Show the approximate location of other existing structures.

Show dimensions in feet on the following:

Show the approximate location of any wetlands or slopes over 20 percent.

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- **Q** in Building to all lot lines
- Building to centerline of road
- Building to lake, river, stream or pond
- Septic / holding tank to closest lot line
- Septic/holding tank to building
- f.e Septic / holding tank to well
- Septic / holding tank to lake, river, stream or pond
- Privy to closest lot line

- Privy to building
- Privy to lake, river, stream or pond
- Drain field to closest lot line
- Drain field to building
- Drain field to well

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- Drain field to lake, river, stream or pond
- Well to building